

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only



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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>2375</u>	2. Fiscal Year Covered From: <u>1 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>Anthony S Cousimano</u> P.O. Box, Bldg., Room No., if any Street <u>9219 Lubec Street</u> City <u>Downey</u> State <u>California</u> ZIP Code + 4 <u>90240</u>	4. Name, file number, and address of labor organization. Name <u>Studio Transportation Drivers, Local No. 399</u> Labor Organization File Number <u>036-960</u> P.O. Box, Building and Room Number, if any Street <u>4747 Vineland Avenue</u> City <u>North Hollywood</u> State <u>California</u> ZIP Code + 4 <u>91602</u>
5. Position in labor organization. <u>President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.
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Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Anthony S. Cousimano

On

6-29-05

Date

818-985-7374

Telephone Number

Name of Person Filing Anthony Cousimano		File Number U- 2375	
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 12048 Sulphur Mountain Road City Ojai State California ZIP Code + 4 93023		<input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4		11.a. Nature of such dealing. This business publishes the Labor Organization's newsletter to its members. <hr/> 11.b. Approximate dollar value of such dealing. \$45,000 12.a. Nature of interest held or income received. My teenage son, Jonathan F. Cousimano, worked for this business as a photographer on two separate days. <hr/> 12.b. Amount. \$210	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4		14.a. Nature of payment. 	
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?		14.b. Amount of payment.	